Program Description

This check off sheet can help you set up your program description. **It is NOT a substitute for the rules.** Please refer to the rule number and read the rule thoroughly before developing your program description.

Double-check your written program against this list to assure that you have included everything that is required prior to submitting it with your application.

The program description is described in **R9-20-201 A.2. ,** which states, "For each subclass for which the licensee is licensed, adopt, maintain, and have available at the agency for public review, a current written program description that includes:"

_____ Subclass

_____ Goals

_____ Description

_____ Counseling for individual, family, group, type, of issue, type and amount offered

_____ Population

_____ Hours and Days

_____ Location of services/and specify what services

_____ Criteria for admitting/re-admitting, waiting list, referral, discharge, transferring, declining services

_____ Staff's minimum qualifications, experience, training, and skills necessary in relation to the behavioral health services provided and population served

_____ Fees and refunds

_____ Non-English speaking clients

_____ Accommodations for physical disabilities

_____ Partial care – days/times counseling/medication provided

_____ Inpatient – specify whether it is a secure facility, describe staff ratios for all shifts, and client personal funds account

_____ Emergency safety response